

**Supplemental Check/Check Cancellation Request****Supplemental Check Request**

Employee Name

Employee ID

Original Check Number

Home Agency/Org

EFT ☐ Yes ☐ No

Pay Period End Date

Check Date

Original Gross Amount

\$

Original Net Amount

\$

Pay Location

Detailed Description of
Problem

PPER ID for corrected
time/leave

Failure to check one of the following could delay processing:

Replace Check ☐Cancel Original ☐Additional Amount ☐

Preparer's Signature

Phone #

Date

Agency Approval Signature

Date

FOR OFFICE OF ADMINISTRATION USE ONLY1PAY ID for corrected
payment

New Check Number

Reversal Confirmed/Check Rec'd ☐

New Gross Amount

\$

Approval

New Net Amount

\$

Entered

1 Supplemental checks will only be processed in accordance with published policies (SAM II HR-Payroll/Policies & Procedures/ Checks Processing/Check Replacement Policy). Other payroll corrections will be held until the next regular pay cycle.

2 All correcting documents must be completed prior to the submission of this form (i.e. PPER, 1DED).

3 By requesting a supplemental check, the Agency agrees to:

- ensure the employee has a sufficient balance in his/her account in order to process an ACH reversal,
- immediately reimburse the state should a direct deposit reversal for the original pay be rejected due to insufficient funds in the employee's account,
- return the original paper check to O/A for cancellation.